



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Employee: _____

Team: _____

TC 2700 MAIL ROOM

JUN - 2 2000

RECEIVED

Date: 5-31-00

To: Technology Center 2739

From: Dora Stroud, Supervisor
OIPE Customer Service
Charge Location 0350

Subject: Customer Requests

Serial Number: 09/494401

File Location: 2701

The attached request for a corrected file receipt has been completed. Please forward the case to OIPE, Customer Service, CP2-6th Floor.

If you decide to keep the case, assign the request a paper number, endorse contents, punch holes in the documents, and replace the old Bib Data sheet with the updated version in the center of the file.

Your cooperation is greatly appreciated.

FILE COPY

Bib.Data Sheet

**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/494,401	FILING DATE 01/31/2000 RULE -	CLASS 370	GROUP ART UNIT 2739	ATTORNEY DOCKET NO. 922-81
------------------------------------	---	---------------------	-------------------------------	--------------------------------------

APPLICANTS
 Christopher J. Buse, Watford, GBN ;
 Andrew P White, St. Albans, GBN ;
 David Kirby, Hemel Hempstead, GBN ;
 Robert Allsworth, Abingdon, GBN ;
 David E. Bill, St. Albans, GBN ;

**** CONTINUING DATA *******
 ** FOREIGN APPLICATIONS *****
 UNITED KINGDOM 9925897.2 11/03/1999

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 ** 04/03/2000

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GBN	SHEETS DRAWING 3	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]				

ADDRESS
 Nixon & Vanderhyde PC
 1100 North Glebe Road 8th Floor
 Arlington, VA 22201-4714

TITLE
 Allocation of IP address by proxy to device in a local area network

FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---

RECEIVED
 JUN - 2 2000
 TC 2700 MAIL ROOM